MOUNT CARMEL MEDICAL & REHABILITATION

677 EAST STATE STREET

BURLINGTON 53105 Phone: (262) 763-9531 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 155 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 155 Yes Number of Residents on 12/31/02: 149 Average Daily Census: 153

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	Primary Diagnosis		Age Groups	 ৪		42.3
Supp. Home Care-Personal Care	No					1 - 4 Years	44.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years	13.4
Day Services	No	Mental Illness (Org./Psy)	46.3	65 - 74	7.4		
Respite Care	No	Mental Illness (Other)	6.7	75 - 84	35.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.3	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	2.0		100.0	. , - , - ,	
Other Meals	No	Cardiovascular	7.4	65 & Over	94.6		
Transportation	No	Cerebrovascular	10.1			RNs	14.0
Referral Service	No	Diabetes	19.5	Sex	용	LPNs	7.5
Other Services	Yes	Respiratory	0.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	7.4	Male	24.8	Aides, & Orderlies	60.7
Mentally Ill	No			Female	75.2		
Provide Day Programming for			100.0			[	
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			Medicaid			Other			Private Pay	<u> </u>		amily Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	2	2.0	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Skilled Care	20	100.0	207	92	90.2	106	0	0.0	0	27	100.0	175	0	0.0	0	0	0.0	0	139	93.3
Intermediate				8	7.8	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	5.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		102	100.0		0	0.0		27	100.0		0	0.0		0	0.0		149	100.0

MOUNT CARMEL MEDICAL & REHABILITATION

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	용		sistance of	2	Number of					
Private Home/No Home Health	3.1	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents					
Private Home/With Home Health	6.3	Bathing	5.4		65.1	29.5	149					
Other Nursing Homes	4.2	Dressing	5.4		65.1	29.5	149					
Acute Care Hospitals	82.7	Transferring	10.1		59.1	30.9	149					
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.7		59.1	32.2	149					
Rehabilitation Hospitals	0.0		81.2		0.0	18.8	149					
Other Locations	3.7	*******	*****	*****	*****	******	******					
Total Number of Admissions	191	Continence		%	Special Treatm	ents	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.0	Receiving Re	spiratory Care	4.0					
Private Home/No Home Health	18.4	Occ/Freq. Incontinen	t of Bladder	42.3	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	17.3	Occ/Freq. Incontinen	t of Bowel	32.2	Receiving Su	ctioning	0.7					
Other Nursing Homes	1.5	1			Receiving Os	tomy Care	4.7					
Acute Care Hospitals	15.8	Mobility			Receiving Tu	be Feeding	4.0					
Psych. HospMR/DD Facilities	1.0	Physically Restraine	d	0.7	Receiving Me	chanically Altered Diets	11.4					
Rehabilitation Hospitals	0.0	1			-	_						
Other Locations	4.6	Skin Care			Other Resident	Characteristics						
Deaths	41.3	With Pressure Sores		2.0	Have Advance	Directives	77.9					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	196				Receiving Ps	ychoactive Drugs	70.5					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	-1.		ership:		Size:		ensure:	- 1			
	This		prietary		-199		lled	Al.			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities		
	90	%	Ratio	90	Ratio	%	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Be	ds 98.7	84.7	1.17	85.7	1.15	85.3	1.16	85.1	1.16		
Current Residents from In-County	75.8	81.6	0.93	81.9	0.93	81.5	0.93	76.6	0.99		
Admissions from In-County, Still Residing	27.7	17.8	1.56	20.1	1.38	20.4	1.36	20.3	1.37		
Admissions/Average Daily Census	124.8	184.4	0.68	162.5	0.77	146.1	0.85	133.4	0.94		
Discharges/Average Daily Census	128.1	183.9	0.70	161.6	0.79	147.5	0.87	135.3	0.95		
Discharges To Private Residence/Average Daily Ce	nsus 45.8	84.7	0.54	70.3	0.65	63.3	0.72	56.6	0.81		
Residents Receiving Skilled Care	94.6	93.2	1.02	93.4	1.01	92.4	1.02	86.3	1.10		
Residents Aged 65 and Older	94.6	92.7	1.02	91.9	1.03	92.0	1.03	87.7	1.08		
Title 19 (Medicaid) Funded Residents	68.5	62.8	1.09	63.8	1.07	63.6	1.08	67.5	1.01		
Private Pay Funded Residents	18.1	21.6	0.84	22.1	0.82	24.0	0.76	21.0	0.86		
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	53.0	29.3	1.81	37.0	1.43	36.2	1.47	33.3	1.59		
General Medical Service Residents	7.4	24.7	0.30	21.0	0.35	22.5	0.33	20.5	0.36		
Impaired ADL (Mean)	53.2	48.5	1.10	49.2	1.08	49.3	1.08	49.3	1.08		
Psychological Problems	70.5	52.3	1.35	53.2	1.32	54.7	1.29	54.0	1.31		
Nursing Care Required (Mean)	3.4	6.8	0.50	6.9	0.48	6.7	0.50	7.2	0.47		